

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            | /        |      | /                   |      |                     |      |
| 2            |          | /    |                     |      |                     |      |
| 3            |          | /    |                     |      |                     |      |
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| 10           | /        |      | /                   |      |                     |      |
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| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | H        |      | 5                   |      |                     |      |
| TOTAL DEP.   | 11       | ↔    | 25                  | ↔    |                     | ↔    |
| TOTAL CLAIMS | 15       |      | 30                  |      |                     |      |

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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